

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/09/03.

## **I. DISPUTE**

Whether reimbursement is recommended for dates of service 11/29/02 through 03/04/03.

## **II. FINDINGS**

Requestor submitted two revised Tables of Disputed Services dated 08/26/03 and 04/14/04 withdrawing dates of service 11/29/02, 12/10/02 through 12/26/02, 01/02/03, 01/03/03, 01/24/03, 02/06/03 and 03/04/03, leaving dates of service 12/27/02(CPT code 97110), 02/10/03(CPT code 97546-WH), 02/27/03(CPT code 99213) and 03/03/03(CPT code 97750-FC) in dispute.

Carrier denied services for CPT code 97110 as "U-Exceeds Milliman & Robertson criteria for PT/DC modalities; CPT code 97546-WH, No denial listed; CPT code 99213 denied 'G'; and CPT code 97750-FC (3) FCEs allowed over the course of an injury."

## **III. RATIONALE**

Relevant information submitted by the carrier indicates the carrier previously reimbursed for three FCEs. Per MFG MGR (I)(E)(2)(a)(b), FCE's are allowed a maximum of three times for each injured worker. On this basis, reimbursement is not recommended for CPT code 97750-FC.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the date of service 12/27/02.

Relevant information does not support CPT code 99213 in conjunction with the injured workers' 8 hour participation in the Work Hardening program for date of service 02/27/03 per MGR E/M (IV).

Therefore, reimbursement is not recommended.

CPT code 97546-WH for date of service 02/10/03, there was no denial listed on the EOB, therefore will be reviewed per the MFG. Requestor billed \$320.00 (5 hours) and carrier reimbursed \$256.00 leaving \$64.00 in dispute. Requestor is CARF accredited and is not subject to a 20% reduction and relevant information supports 5 hours of billed charges. Therefore, reimbursement is recommended in the amount of **\$64.00**.

#### **IV. FINDINGS & DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97546-WH. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$64.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 21st day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb